

**ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD**

1740 W. ADAMS ST., SUITE 4600, PHOENIX, ARIZONA 85007

PHONE (602) 364-1PET (1738) FAX (602) 364-1039

VETBOARD.AZ.GOV

**COMPLAINT INVESTIGATION FORM**

If there is an issue with more than one veterinarian please file a separate Complaint Investigation Form for each veterinarian

PLEASE PRINT OR TYPE

**FOR OFFICE USE ONLY**

Date Received: Sept. 12, 2018 Case Number: 19-24

**A. THIS COMPLAINT IS FILED AGAINST THE FOLLOWING:**

Name of Veterinarian/CVT: DR Martin Crabo DVM  
Premise Name: Chaparral Veterinary Hospital  
Premise Address: 32100 N. Cave Creek Road  
City: Cave Creek State: Arizona Zip Code: \_\_\_\_\_  
Telephone: 480-595-8600

**B. INFORMATION REGARDING THE INDIVIDUAL FILING COMPLAINT\*:**

Name: Margaret (gigi) Streutwieser  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_ Cell Telephone: \_\_\_\_\_

\*STATE LAW REQUIRES WE HAVE TO DISCLOSE YOUR NAME UNLESS WE CAN SHOW THAT DISCLOSURE WILL RESULT IN SUBSTANTIAL HARM TO YOU, SOMEONE ELSE OR THE PUBLIC PER A.R.S. § 41-1010. IF YOU HAVE REASON TO BELIEVE THAT SUBSTANTIAL HARM WILL RESULT IN DISCLOSURE OF YOUR NAME PLEASE PROVIDE COPIES OF RESTRAINING ORDERS OR OTHER DOCUMENTATION.

RECEIVED

SEP 13 2018

D.V.C.

**C. PATIENT INFORMATION (1):**

Name: Wm Impressive Too / Sunnar / Sunny  
Breed/Species: Equine / Reg Paint  
Age: 20 Sex: Helding Color: Chestnut w/ 2 hind  
White Socks +  
White Blaze

**PATIENT INFORMATION (2):**

Name: \_\_\_\_\_  
Breed/Species: \_\_\_\_\_  
Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Color: \_\_\_\_\_

**D. VETERINARIANS WHO HAVE PROVIDED CARE TO THIS PET FOR THIS ISSUE:**

Please provide the name, address and phone number for each veterinarian.

1. Mr. Martin Crabo - 480-595-8600 - Cave Creek AZ
2. Mr. Ross Rich - 623-581-5508 - Cave Creek AZ
3. Mr. Vidal - 623-581-5508 - Cave Creek AZ
4. Mr. Drew Justice - 928-468-2242 - Payson AZ

**E. WITNESS INFORMATION:**

Please provide the name, address and phone number of each witness that has direct knowledge regarding this case.

1. Mr. Martin Crabo - [REDACTED]
2. Mr. Ross Rich - [REDACTED]
3. Mr. Vidal - 623- [REDACTED]
4. Mr. Donna Shetko - [REDACTED]
5. Mr. Drew Justice - [REDACTED]
6. Eric Billinsky - farrier - [REDACTED]

**Attestation of Person Requesting Investigation**

By signing this form, I declare that the information contained herein is true and accurate to the best of my knowledge. Further, I authorize the release of any and all medical records or information necessary to complete the investigation of this case.

Signature: Margaret Streitwieser

Date: 9/11/18

**F. ALLEGATIONS and/or CONCERNS:**

Please provide all information that you feel is relevant to the complaint. This portion must be either typewritten or clearly printed in ink.

In January of 2016 Mr. Crabo recommended surgery to remove a Keratoma on Gunny's (L) front hoof. Mr. Crabo referred the case to his colleague Mr. McCormick who at the time was a surgeon at Chaparral Vet Hosp which Mr. Crabo owns.

I followed Mr. Crabo's advice and had the surgery performed, in Jan 2016. After months of healing it was discovered that the Keratoma was never removed.

Post surgery approx 5 months later Gunny had healed enough to put shoes back on him. After approx 3 months it became quite apparent that Gunny was having severe pain when shoeing the (L) front hoof. Sedation was required and we started off with a mild paste sedation that seemed to work for approx 2 shoeings. Around Sept of 2017 we had to start giving Gunny IV sedation as the discomfort was becoming more painful.

I had Mr. Crabo come out and I X-rayed the foot to check and see if the Keratoma was growing & causing this discomfort.

Mr. Crabo X-rayed the foot and recommended injecting his hocks. Which he did.

The next shoeing in late Oct also required sedation.

Again in December I had Dr Crabo out to re-examine Gunny and re X-ray to again check on the Keratoma and try and figure out what was causing him such discomfort. Dr Crabo again X-rayed the front L hoof and determined he needed stifle injections. I allowed him to do this procedure as I felt he knew best being a Vet. Then in late January I again called Dr Crabo to come out and X-ray Gunny again so we could follow the Keratoma. I at this time was gettin very concerned because Gunny was starting to trip and stumbled, when ridden at the walk and showed discomfort when ridden. Dr Crabo again xrayed Gunny and at the time my Farrier Eric Billinsley was present and looked at the X-ray with Dr Crabo. At this time Eric thought the coffin bone had dropped and mentioned this to Dr Crabo who told him no, it was fine. And Dr Crabo suggested injection the coffin joint. Which we did per his recommendation.

In late January I moved Gunny up to Payson because our home was being remodeled and not livable. So we were now staying in our home in Payson.

Sometime late February early March I had Gunny out for a very easy trail ride and he stumbled and fell to his knees and was very noticeably dragging his L front hoof. I immediately texted Dr Crabo and explained what had happed and sent a video of him dragging his front hoof. Dr Crabo responding by

saying "ouch" and to just keep an eye on him.

I decided to have Dr Drew Justice come out and give me a second opinion. He watched Gunny at the walk and suggested I take him down to have Dr Ross Rich examine him. I called Cave Creek Equine Hospital and was able to get Gunny seen the next day.

Upon examination at the flex test Gunny almost fell on top of Dr Rich.

He had no balance at all on his L front hoof. Dr Rich reviewed all the previous X-rays that Dr Crabo had taken and took some more X-rays as well. The first thing Dr Rich noticed was that Gunny had severe laminitis and it had been present on all of Dr Crabo's previous X-rays and the coffin bone had indeed dropped. The steroid injections made the laminitis significantly worse as that treatment is contraindicated when laminitis is present.

Dr Rich also discovered a fracture in his neck that was approx 1 1/2 to 2 years old which is around the time Gunny was in Chaparral Hospital for the Keratoma surgery. Dr Rich explained that these types of fractures occur in horses that rear up and fall over backwards or the pull back when tied. Neither of which Gunny has ever done. He is absolutely dead quiet and very gentle.

The Vet that operated on Gunny and did perform the surgery and did not remove the Keratoma has since been let go from Chaparral Hospital.

I feel Dr Crabo was extremely negligent in treating Gunny and malpractice because he referred me to a surgeon that was negligent doing a surgery and causing Gunny needless pain and suffering and by Dr Crabo by injecting him with steroids when laminitis was present and clearly seen on the X-rays by Dr Rich, Dr Vidal, Dr Shettko, and Dr Justice, and my farrier Eric Billinsley who at the time pointed it out to Dr Crabo and Dr Crabo insisted it had not dropped yet it is clearly seen on the X-ray.

*↑ coffin bone had dropped*

I sincerely hope you will take whatever necessary actions needed to prevent Dr Crabo from making these same mistakes or even worse to another horse.

I did call Dr Crabo after Gunny was seen by Dr Rich and explained the findings and he was very non apologetic . And would not concede he made a huge mistake in caring for my Gunny.

Thank you, Margaret Streitwieser



Martin G. Crabo, DVM  
C. Renee Andrea, DVM, Dipl. ACVS  
Rachel Liepman, DVM, Dipl. ACVIM  
Alison A. Ariano, DVM  
Karin Thomasson, DVM  
Anastasia Keyser, DVM  
Wade T. Walker, DVM, Dipl. ACVS  
Teresa Duthie, DVM  
Courtney Ells, DVM  
Chelsea Linehan, DVM  
Katie Boote, DVM

October 3, 2018

Arizona State Veterinary Examining Board  
1740 W. Adams Street, Ste. 4600  
Phoenix, AZ 85007

**RE: Case Number 19-24**

Dear Sirs and Madams:

With regard to the above mentioned complaint by Mrs. Margaret Streitwieser regarding my care of her 20 year old Paint gelding, Gunner, I would like to provide you first with a timeline of pertinent events. Second I will address Mrs. Streitwieser's *ALLEGATIONS and/or CONCERNS*. The timeline based on my (Chaparral Veterinary Medical Center's) medical records deviates significantly from that submitted by Mrs. Streitwieser. Enclosed, please find a complete copy of the medical record for Gunner, two compact discs containing all imaging, as well as a printout of several radiographs at issue in this case and marked with measurements (exhibits 1-5).

The records indicate the following timeline of pertinent events:

**September 17, 2014:** An abscess is pared out at the toe of Gunner's left front foot by an unnamed Veterinarian in Payson, AZ.

**September 18, 2014 - December 5, 2014:** My associate, Kimberly Gryl, DVM, treats the left front toe abscess with the help of farrier Brock Phalen. Treatment includes resection of the dorsal hoof wall and is extensive.

**March 31, 2015:** I examine Gunner for a moderately severe (AAEP grade 3/5) right hind limb lameness. Diagnosis is severe osteoarthritis of the distal tarsal joints with lesser radiographic changes also seen in the left hock. Treatment includes corticosteroid and hyaluronate (HA) injection of the hock joints, systemic bisphosphonate, and Adequan series IM.

**April 10, 2015:** My recheck following hock injections reveals no lameness in either the front or hind limbs.

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RV.

32100 North Cave Creek Road \* Cave Creek, Arizona 85331  
(480) 595-8600 \* www.cahosp.com \* Fax (480) 595-1640

**October 5, 2015:** I inject Gunner's hocks with corticosteroid and HA.

**November 9, 2015:** I perform a lameness evaluation of Gunner because "horse has been sound but seems not to be willing to move off rider's leg." Examination found a subtle left front lameness (grade 1/5) in both directions longing on hard ground but only to the right in footing. He is treated with an Adequan series IM, with the recommendation of re-evaluation in 30 days.

**January 18, 2016:** Gunner was seen by me because he had tripped on the left front limb on a trail ride and the farrier (Brock Phalen) noted discomfort on removing the left front shoe, as well as some lameness after the shoe was removed. I diagnosed a keratoma (a benign tumor of the keratin forming cells of the hoof) at the dorsal to slightly dorsolateral toe of the left front foot. This was the area where the abscess had previously been treated by the Payson Veterinarian, Dr. Gryl and Mr. Phalen. My diagnosis was based on the physical appearance of the sole being typical for a keratoma as well as radiographs which showed a "large notch in LF coffin joint [bone] slightly lateral toe margin at location of keratin mass. Mild to moderate navicular bone changes and a thickened dorsal hoof wall and shallow sole depth." Additionally, the milder degree of lameness present was more typical for a keratoma than for a more debilitating disease such as laminitis. After a discussion with Mrs. Streitwieser, I referred Gunner to a Board Certified Equine Surgeon, Justin McCormick, DVM, DACVS, for surgical removal of the keratoma. Mrs. Streitwieser was informed that the surgery would be under general anesthesia, may require a long rehabilitation time particularly if the dorsal hoof wall was removed all the way to the coronet, and that the keratoma could recur.

**January 20, 2016:** Dr. McCormick surgically removes Gunner's keratoma at Chaparral Veterinary Medical Center. At the time of surgery Dr. McCormick determines that the keratoma originates from the solar corium thus not requiring resection to the coronet.

**January 27, 2016 – March 21, 2016:** I make multiple barn visits for bandage changes and follow up/post-surgical care of Gunner.

**May 3, 2016:** Gunner has been back to being ridden and I examine him due to Mrs. Streitwieser's complaint that he has become resistant to the farrier nailing on the left front shoe. I examine the foot and note that the clinical appearance of the keratoma has returned with no significant change in his x-rays compared with the post/perioperative films. A lameness examination reveals a recurrence of the right hind limb lameness (grade 3-/5) as well as a grade 2/5 left front limb lameness when trotted without a shoe and not present when the foot is shod. I discussed with Mrs. Streitwieser that I felt that the keratoma had recurred and that the hock was the likely cause of the right hind limb lameness. I injected Gunner's hocks with corticosteroids and HA and dispensed sedation to be used at subsequent shoeings. The farrier was instructed to shoe the left front foot with a protective pad.



**October 25, 2016:** I referred Mrs. Streitwieser to another Board Certified Equine Surgeon, C. Renee Andrea, DVM, DACVS, for consideration of a second surgery to remove the keratoma. Gunner showed no lameness front or hind in Dr. Andrea's examination and radiographs were deemed unchanged. Based on her examination and discussion with Mrs. Streitwieser, Dr. Andrea recommended against a second surgery.

**April 17, 2017:** I examined Gunner due to Mrs. Streitwieser's complaint that he "was noted to be sore behind when cantering to the right last week in a lesson." My examination showed a grade 1+/5 left front limb lameness worse to the right than left on a longe line as well as a grade 2/5 right hind and 1/5 left hind limb lameness. The hocks were treated with corticosteroids and HA, he was given systemic bisphosphonate and an Adequan series was to be administered IM. The left front limb was not specifically treated as the lameness was mild and the presenting complaint was of the hind end.

**September 6, 2017:** I evaluated Gunner due to a complaint of "tripping a lot in front for last month, particularly when let on the forehand." I found Gunner to be slightly more lame (grade 2-/5) in the left front to the right on the longe line and now also grade 1/5 lame in the right front to the left. Because coffin joint pain often presents with lame limb on the outside of the circle (left front traveling to the right) I suggested to Mrs. Streitwieser that we inject Gunner's front coffin joints with corticosteroids and HA. She agreed and I injected Gunner's coffin joints. We also changed Gunner's shoeing (with new farrier Eric Billingsley) to full pads with natural balance shoes. My hope was that the shoeing change along with pain relief from the injections would help reduce Gunner's tripping.

**October 18, 2017:** Mrs. Streitwieser presented to me with Gunner and a complaint that the "horse is uncomfortable going down hills like when his hocks were sore before." She also told me that "Since coffin joint injections and shoeing change tripping is much improved." My examination revealed that the coffin joint injections had resolved the front limb lamenesses and although only mild hind limb lameness was noted on this day, we decided to inject the hocks as before.

**February 21, 2018:** I was presented with Gunner and a complaint that "Horse has difficulty going down hills again, tripping in front about the same. Last shoeing or two has resisted nailing/hammering on the LF foot again." My physical examination revealed no front limb lameness, however a hind limb lameness of different character than before (lame hind leg on outside of circle and positive cross under flexion tests) indicated possible soreness of the medial femerotibial (stifle) joints. Radiographs of the left front foot were again mostly unchanged from prior radiographs. Eric Billingsley and I discussed Gunner's shoeing and he was successfully shod with the aid of sedation. Following a discussion with Mrs. Streitwieser it was decided that we would treat Gunner's medial femerotibial joints with corticosteroids and HA, an Adequan series IM and oral Equioxx (COX 2 inhibitor).

**March 2018:** Mrs. Streitwieser sent a video via text messaging to my cell phone showing Gunner being longed and with a mildly decreased cranial phase of his stride in what I recall to be the right front limb. Since a text message is a very casual form of communication I did not make a formal record of it, however I do try to respond to my client's text messages. I do not recall the exact wording of my reply but I did attempt to communicate that it could be monitored by her but if the gait abnormality did not resolve it would need to be evaluated.

**March 21, 2018:** A records request is made by Mrs. Streitwieser and my office sent Gunner's images and medical records to Cave Creek Equine.

**April 2018:** I am made aware that Mrs. Streitwieser is unhappy with my care of Gunner. I called Mrs. Streitwieser to discuss her concerns. Mrs. Streitwieser informed me that Dr. Ross Rich at Cave Creek Equine diagnosed a cervical fracture in Gunner that she believes occurred while Gunner was at Chaparral for his keratoma surgery. Further she asserted that I was negligent in that I injected Gunner with corticosteroids in the face of laminitis. She asked that I refund her the cost of the corticosteroids used in Gunner's treatments. I politely told Mrs. Streitwieser that I did not agree with her assessments and we politely said goodbye.

Mrs. Streitwieser's *ALLEGATIONS and/or CONCERNS* in the board complaint against me are more a timeline or narrative account than a list of specific complaints. In the following I will attempt to identify specific allegations that I believe she is making in her narrative. Following each allegation, I will address it with my rebuttal/explanation.

***The keratoma in Gunner's left front foot was not completely removed so it recurred.*** This is true. The keratoma did recur and thus was not completely removed. Mrs. Streitwieser was aware that this was a risk associated with keratoma surgery. Additionally, the surgery was performed by Dr. McCormick, a Board Certified Equine Surgeon, not me.

***Dr. Crabo injected Gunner's hocks in September 2017 and his Stifles in December 2017 for a complaint of pain on nailing the left front foot; and he injected his coffin joints in January 2018 for a complaint of tripping.*** Both the timeline and the rationale for these injections are incorrect. I injected Gunner's hocks in October 2017 (not September 2017) due to a complaint that Gunner was uncomfortable going down hills like he had been in the past when his hocks were sore. I injected Gunner's stifles in February 2018 (not December 2017) again because he was uncomfortable going down hills and had lameness that was clinically attributable to the stifles. I injected Gunner's coffin joints in September of 2017 (not January 2018) because of a complaint of tripping in front and a bilateral front limb lameness which did respond well to said injections.

***Dr. Crabo failed to diagnose severe laminitis in Gunner and that steroid injections made it worse. The left front coffin bone had dropped.*** Gunner did not have laminitis, did not have severe laminitis, and did not have a dropped coffin bone. First, laminitis is a disease of severe pain of which there is no record of with Gunner during the time span from February 17, 2009 to February 21, 2018, the span of medical records during which he was in the care of Chaparral Veterinary Medical Center. Second, the radiographic changes present in Gunner's hoof capsule (dorsal wall thickening) is equally well-attributable to the keratoma and can be documented in his radiographs from 2014 forward (see exhibits 2 and 3). Third, serial measurements from the coronet to extensor process (a measurement that would increase with a sinking coffin bone) are essentially unchanged between radiographs taken on February 17, 2009, December 5, 2014 and February 21, 2018. Additionally, the angular relationship between the coffin bone and sole are unchanged during this time period (see exhibits 1-3). The changes in the coffin bone attributable to the keratoma are noted by arrows (exhibits 1-5). It must be understood that clinical history and evaluation of key parameters of serial radiographs are important in assessing the presence or history of laminitis as there is more than one factor that can cause similar radiographic changes in a foot. The evaluation of a single radiograph can be misleading. Lastly, there is no evidence that Gunner's left front lameness was ever exacerbated by a corticosteroid injection, in fact the records indicate that the coffin joint injections resolved the mild front limb lameness that Gunner exhibited.

***The cervical fracture diagnosed by Dr. Rich was at the time 1 ½ to 2 years old. Mrs. Streitwieser appears to insinuate that this fracture occurred while Gunner was at Chaparral for the keratoma surgery.*** I have not had the opportunity to evaluate these radiographs, however it is well known that it is not possible to radiographically age a fracture of any type to 1 ½ to 2 years. Additionally, there were no symptoms associated with an acute cervical fracture reported while Gunner was at Chaparral (January 20-22, 2016) or in the period after discharge. Mrs. Streitwieser is a very aware horse owner and would not likely have either not noticed or failed to report Gunner having had a stilted or stiff neck on returning from the hospital. I also evaluated Gunner on multiple occasions following his discharge from the hospital and noted no symptoms attributable to a cervical fracture.

***Dr. Crabo is guilty of "malpractice because he referred me to a surgeon that was negligent in doing a surgery and causing Gunny needless pain and suffering."*** I referred Gunner to a capable Board Certified Equine Surgeon in good standing for a surgical condition after a discussion with Mrs. Streitwieser. I don't know why Mrs. Streitwieser believes that Dr. McCormick was negligent in his surgery or why she believes Gunner was subjected to needless pain and suffering. Regardless, it is clear that I had no wrong doing in the referral process.

I am truly saddened that Mrs. Streitwieser is unhappy with the care I have given her and her horse as both I and Chaparral have had a long relationship them both. I have always tried to go above

and beyond in my management and care for Gunner. I believe that I have handled his case well within the standard of care despite the complexities of the multiple problems of this aged horse.

Sincerely,



Martin G. Crabo, DVM

**Enclosures:**

**Medical Record for Gunner**

**Compact Disc Containing Diagnostic Imaging**

**List of Contacts Involved in Case**

**Exhibit 1 – Radiograph Dated February 17, 2009**

**Exhibit 2 – Radiograph Dated December 5, 2014**

**Exhibit 3 – Radiograph Dated February 21, 2018**

**Exhibit 4 – Radiograph Dated February 17, 2009**

**Exhibit 5 – Radiograph Dated February 21, 2018**



**ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD**

1740 W. ADAMS STREET, STE. 4600, PHOENIX, ARIZONA 85007

PHONE (602) 364-1-PET (1738) • FAX (602) 364-1039

VETBOARD.AZ.GOV

**INVESTIGATIVE COMMITTEE REPORT**

**TO:** Arizona Veterinary Medical Examining Board

**FROM:** AM Investigative Committee: Robert Kritsberg, D.V.M. - Chair  
Ryan Ainsworth, D.V.M.  
Christina Tran, D.V.M.  
Mary Williams  
Carolyn Ratajack

**STAFF PRESENT:** Tracy A. Riendeau, CVT – Investigations  
Sunita Krishna - Assistant Attorney General

**RE:** Case: 19-24  
Complainant(s): Margaret Streitwieser  
Respondent(s): Martin Crabo, D.V.M. (License: 2074)

**SUMMARY:**

Complaint Received at Board Office: 9/12/18  
Committee Discussion: 12/4/18  
Board IIR: 1/16/19

**APPLICABLE STATUTES AND RULES:**

Laws as Amended July 2014  
(Salmon); Rules as Revised September  
2013 (Yellow).

"Gunny," a 20-year-old gelded Paint was presented to Respondent multiple times for lameness issues. Respondent performed radiographs, injected the horse with steroids and treated with Adequan.

In January 2016, Respondent's associate surgically removed a keratoma in the horse's left front foot. Respondent provided the after care.

In May 2016, the keratoma recurred. Respondent also noted left front lameness and right rear lameness therefore corticosteroids were administered and sedation was used for shoeings.

In 2017, the horse's lameness returned and Respondent treated with corticosteroids and shoeing change.

In 2018, the horse was lame on the left hind leg. Radiographs were performed and corticosteroids, Adequan and Equinox was used as treatment.

In March 2018, Complainant sought a second opinion with Dr. Rich who identified a pedicle fracture in the horse's neck and laminitis of the left front foot.

**Complainant was noticed and appeared.**

**Respondent was noticed and appeared telephonically. Attorney, David Stoll appeared.**

**Consulting Veterinarian, James Justice, DVM, appeared.**

**The Committee reviewed medical records, testimony, and other documentation as described below:**

- Complainant(s) narrative: *Margaret Streitwieser*
- Respondent(s) narrative/medical record: *Martin Crabo, DVM*
- Consulting Veterinarian(s) narrative/medical record: *James Justice, DVM; F. Ross Rich, DVM; Martin Vidal, DVM*

## **PROPOSED 'FINDINGS of FACT':**

1. On September 17, 2014, the horse was seen by Dr. Justice for lameness. Dr. Justice noted a defect at the toe along the hoof wall of the left front foot. A large abscess was found which was dug out and flushed with betadine. Dr. Justice questioned whether it was possibly a keratoma.
2. The following day, Respondent's associate, Dr. Gryl, treated the horse's left front toe abscess which included resection of the dorsal hoof wall and was extensive. Dr. Gryl treated the left front foot until completely healed – last visit was on December 5, 2014.
3. On March 31, 2015, Respondent examined the horse and noted moderately severe right hind limb lameness. He diagnosed severe osteoarthritis of the distal tarsal joints with lesser radiographs changes also seen on the left hock. He administered 500mg banamine IV, 500mg tiludron IV in 1 liter normosol-R, then aseptically injected each joint with 50mg Depo-medrol and 10mg Legend. Respondent recommended starting Adequan series IM and Previcox 57mg orally once a day as well as resting the horse for 4 days.
4. On April 10, 2015, Respondent rechecked the horse and no lameness was noted in either the front or hind limbs.
5. On October 5, 2015, Respondent again injected the horse's hocks with a corticosteroid and hyaluronate (HA)
6. On November 9, 2015, Respondent evaluated the horse and found a subtle left front lameness in both directions longing on hard ground but only to the right in footing. The horse was treated with an Adequan series IM and it was recommended to recheck in 30 days.
7. On January 18, 2016, Respondent examined the horse after it had tripped on the left front limb on a trail ride. The farrier had noted discomfort on removing the left front shoe as well as some lameness after the shoe was removed. Radiographs were performed and revealed a large notch in the left front coffin joint, slightly lateral toe margin at location of a keratin mass. There was mild to moderate navicular bone changes, a thickened dorsal hoof wall and a shallow sole depth.
8. Respondent diagnosed a keratoma at the dorsal to slightly dorsal toe of the left front foot. This was the area where the abscess had previously been treated. Respondent stated that the milder degree of lameness present was more typical for a keratoma than for a more debilitating disease such as laminitis. Complainant was referred to boarded surgeon, Dr. McCormick, for

surgical removal of the keratoma. She was informed that the surgery would be under anesthesia and could require a long rehabilitation time particularly if the dorsal hoof wall was removed all the way to the coronet; also the keratoma could recur.

9. On January 20, 2016, Dr. McCormick surgically removed the horse's keratoma at Respondent's premise. He determined that the keratoma originated from the solar corium therefore resection to the coronet was not required. The horse was discharged on January 22, 2016.

10. Respondent visited the horse for post-surgical care on 1/27, 2/1, 2/8, 2/15, 2/29, 3/7, 3/14 and 3/21/16.

11. On May 3, 2016, Respondent examined the horse due to complaints that the horse was resistant to the farrier nailing on the left front shoe. He examined the foot and noted that the clinical appearance of the keratoma had returned with no significant change in the radiographs compared with the post/peri-operative films. A lameness exam revealed a recurrence of the right hind limb lameness as well as left front limb lameness when trotted without a shoe and not present when the foot was shod. Respondent relayed his findings to Complainant and injected the horse's hocks with corticosteroids and HA and dispensed sedation to be used at subsequent shoeings. Instructions were given to the farrier to shoe the left front foot with a protective pad.

12. On October 25, 2016, the horse was evaluated by boarded surgeon Dr. Andrea for consideration of a second surgery to remove the keratoma. The horse showed no lameness front or hind and radiographs were deemed unchanged. Based on the findings, the second surgery was not recommended.

13. On April 17, 2017, Respondent examined the horse after reports from Complainant that the horse was noted to be sore on the hind end when cantering to the right. His exam revealed mild left front limb lameness worse to the right than left on the longe line as well as some right hind and left hind limb lameness. The hocks were treated with corticosteroids and HA; he was given systemic bisphosphonate and Adequan series IM. The left front limb was not specifically treated as the lameness was mild and the presenting complaint was of the hind end.

14. On September 6, 2017, Respondent examined the horse due to frequently tripping over the last month. Respondent found the horse slightly lamer in the left front to the right on the longe line and also mild lameness in the right front to the left. He recommended injecting the horse's front coffin joints with corticosteroids and HA; Complainant agreed. Respondent also changed the horse's shoeing to full pads.

15. On October 18, 2017, the horse was presented to Respondent due to him being uncomfortable going down hills similar to when his hocks were previously sore. Complainant reported that since the coffin joint injections and shoeing change, the horse's tripping had improved. Respondent's exam revealed that the coffin joint injections had resolved the front limb lameness and although only mild hind limb lameness was noted, it was decided to inject the hocks as before.

16. On February 21, 2018, the horse was presented to Respondent due to difficulty going down hills again, tripping in the front. Complainant reported that the last shoeing or two the horse had resisted nailing /hammering on the left front foot again. Respondent examined the horse and did not identify front limb lameness, however, a hind limb lameness of different character than previous indicted possible soreness of the medial femerotibial joints.

17. Radiographs of the left front foot were again mostly unchanged from prior radiographs. Respondent discussed the horse's shoeing with the farrier and he was successfully shod with the aid of sedation. He also discussed the findings with Complainant and it was decided that the horse would be treated with corticosteroids, HA, Adequan series IM and oral Equioxx.

18. In March 2018, according to Complainant, the horse had stumbled and fell to his knees on an easy trail ride. He was noticeably dragging his left front foot therefore she sent a video to Respondent. Respondent advised her to monitor the horse. Complainant decided to have the horse evaluated by Dr. Justice.

19. On March 15, 2018, Dr. Justice stated that he was requested to sedate the horse as the farrier and the trainer were having issues with the horse acting up. The horse was sedated, shod by the farrier and no further problems were had.

20. On March 20, 2018, the horse was presented to Dr. Rich for exam due to lameness for 1 – 2 years, history of repeated tripping in front and falling to his knees and intermittently dragging the right front toe when ridden, particularly after tripping. Dr. Rich reviewed previous radiographs dated 2/18/18 (?) and noted the lateral view of the left front foot demonstrated sinking and mild ventrorotation of the coffin bone, suggestive of chronic laminitis.

21. Dr. Rich examined the horse and found lameness on the left front; the horse tripped several times on the right front limb. He had severe limitation in lateral bending of his neck in both directions and was so unsteady standing on his right front limb that Dr. Rich was unable to complete flexions of the left front limb.

22. Radiographs of the cervical spine revealed significant joint osteoarthritis of the C2 – T1 facet joints and a pedicle fracture and large callus formation of the C6 – 7 facet joints with suspected instability at C6 – 7. The radiographs of the left front foot showed evidence of laminitis and sinking of P3. The dorsal hoof wall to coffin joint distance was suggestive of laminitis. Treatment options were offered but declined by Complainant, therefore Dr. Rich suggested frog support pad to the left front foot and retire the horse from riding.

23. On April 26, 2018, Complainant contacted Dr. Justice and requested to take radiographs of the horse because he had founded (laminitis) over the winter in the left front limb. Complainant reported that Dr. Vidal had diagnosed the horse and treated him appropriately (Dr. Vidal stated that he did not see the horse until September 2018 – Dr. Rich saw the horse in March 2018). Radiographs were performed and Dr. Justice stated that they showed a slight rotation of the coffin bone with no gas lines in the laminae. The shoeing was good and there was no lameness noted. Radiographs were sent to Dr. Vidal per Complainant's request.

24. On August 3, 2018, Dr. Justice radiographed the horse again per Complainant's request to



evaluate healing in the left front so he could be shod before returning to the Valley for winter. The radiographs were taken and revealed P3 parallel with the ground surface, no laminar gas lines noted. There was some seedy toe at the solar surface of the foot which Dr. Justice advised would be expected. Dr. Justice advised Complainant that the foot looked great, seemed to be healing well, but lamina take 12 – 18 months to scar and repair as the foot grows out.

25. On September 17, 2018, Dr. Vidal humanely euthanized the horse due to continued pain at a walk especially on the right front foot and was repeatedly tripping and falling to the ground.

### **COMMITTEE DISCUSSION:**

The Committee discussed that it is difficult to identify when the neck fracture occurred and it could have happened in a multitude of ways. One would expect something acute after the injury to explain a neurological issue or severe lameness and give an idea of when the injury occurred. There is no evidence the injury happened at the time of recovery given the fact that a fracture cannot be dated based off a radiograph – a fracture can appear to be acute or chronic radiographically.

The Committee also discussed there is always a risk that a mass can recur after being surgically removed. The mass was removed by a board-certified equine surgeon who was qualified to perform the surgery. Also, there was a question whether the corticosteroids caused the laminitis or made it worse. The horse was not showing symptoms of laminitis when Respondent gave the steroid injections.

The Committee commented that Complainant was making assumptions in this case – she assumed the fracture occurred at the time of surgery; however, there is no proof. She also assumed the steroid injections caused the laminitis. There were too many factors and changes that occurred over a long period of time to be able pinpoint one particular issue to be the cause and/or start of the horse's problems.

### **COMMITTEE'S PROPOSED CONCLUSIONS of LAW:**

The Committee concluded that no violations of the *Veterinary Practice Act* occurred.

### **COMMITTEE'S RECOMMENDED DISPOSITION:**

**Motion:** It was moved and seconded the Board:

*Dismiss this issue with no violation.*

**Vote:** The motion was approved with a vote of 5 to 0.

*The information contained in this report was obtained from the case file, which includes the complaint, the respondent's response, any consulting veterinarian or witness input, and any other sources used to gather information for the investigation.*